

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) **09/700796**

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
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TAL				
TAL J.	6	1		
TAL P.	0	28		
TAL AIMS	1	29	*	

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IND.		IND.	DEP.	IND.
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